

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/914352**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		1		1		
4		3		1		
5		3		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		3		1		
11		3		1		
12		3		1		
13		3		1		
14		3		1		
15		3		1		
16		3		1		
17		3		1		
18		3		1		
19		3		1		
20		0		1		
21		1		1		
22		3		1		
23		3		1		
24		0		1		
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48						
49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.			23	↓		↓
TOTAL CLAIMS			24			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.				↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS